

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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1. Agency Name City of San José		Date Stamp 2016 NOV 30 PM 3:43 San José City Clerk	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Council District 2			
Designated Agency Contact (Name, Title) Kimberly Hernandez			
Area Code/Phone Number (408) 535-4902	E-mail district2@sanjoseca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 222 and 86

Event Description: Sharks vs. Canadiens Date(s) 12 / 2 / 16
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
SCC Office of Women's Policy	8	Recognition event
Working Partnerships	6	Recognition event
Canadian Consulate	4	Recognition event
Hayes Neighborhood Association	6	Recognition event

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Ash Kalra	Councilmember	11/30/16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____